JUN 0 8 2004

## **OFFICIAL**

	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 741124-63
	CERTIFICATE OF MAILING OR	In re Application of	
	TRANSMISSION [37 CFR LR(a)]	Dieter BUSCH Application Number: 09/729,422 Filed: December 5, 2000	
	I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class small in an envelope addressed to Mail Stop Amendment. Commissioner	For: ERGONOMIC, INTERFERENCE SIGNAL-REDUCING POSITION MEASUREMENT PROBE FOR MUTUAL ALIGNMENT OF BODIES	
	for Patents. P.O. Bay 1450. Absundris. Virginia 22313-1450, or being Essimile transmitted to the USPTO at 703-872-9365 on June P-2004	Group Art Unit: 6466	Examiner: T.M. Reis
	Name: K.M. McManus		
	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and appropriate entity fee are as follows (check time period desired):		
	One month (37 CFR 1.17	(a)(1)) - (\$55/\$110)	\$
	☐ Two months (37 CFR 1.1	7(a)(2)) - (\$210/\$420)	\$
	Three months (37 CFR 1.17(a)(3)) - (\$475/\$950) \$_475.00  Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480) \$		\$ <u>475.00</u>
			S
	Five months (37 CFR 1.1	7(a)(5)) - (\$1005/\$2010)	\$
	Applicant claims small entity status.  A check to cover the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380(741124-63). I have enclosed a duplicate copy of this sheet.		
	I am the  applicant/inventor		
assignee of record of the entire interest. See 37 CFR 3.71.  07/06/2004 TDAUKINS 00000003 192289 nen 092289462 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
01 FC:2253	475.伊 pattorney or agent of record.  attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a).		
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PEO-2038.		
	David S, Safran  David S, Safran  Typed or printed name  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if nave than one signature is required, see below.		

SEND TU: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

W312565.1

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 422 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED -- PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X \$ OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X S OR X \$ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = = TOTAL OR TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST PRESENT RATE ADDI-REMAINING RATE ADDI-NUMBER TIONAL ENT **EXTRA** TIONAL **PREVIOUSLY** AFTER FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) Minus ENDMI 20 OR Minus X S OR X \$ ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS Ω PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-TIONAL AFTER **PREVIOUSLY EXTRA** TIONAL ENDMENT FFF AMENDMENT PAID FOR FEE Minus Total (37 CFR 1.16(c)) X \$ OR Independent (37 CFR 1.16(b)) Minus X \$\_ = X \$. = OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ပ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA** TIONAL TIONAL ENT **AFTER PREVIOUSLY** AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus ENDM X \$ OR Independent (37 CFR 1.16(b)) Minus X \$ X \$ OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL IATOT ADD'L FEE OR ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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